## HEALTHY LOUISIANA ADMINISTRATIVE ACTIONS, MONETARY PENALTIES, AND SANCTIONS

Tracking Number	Contractor Name and Address	Failed Deliverable/Non-Compliance with Contract Requirements	Notice of Action Date	MCO Response/ CAP Submission		Notice of Monetary Penalty	Monetary Penalty Amount	Notice of Retainage Release or Permanent Withhold	Other
ACLA2-01	Block G, 4th Floor	17.8.3 For encounter data submissions, the MCO shall:  17.8.3.1 Submit complete and accurate encounter data at least monthly;  17.8.3.2 Due in accordance with the encounter reconciliation schedule published by DHH or its contracted review organization, including encounters reflecting a zero dollar amount (\$0.00) and encounters in which the MCO or its subcontractor has a capitation arrangement with a provider. If the MCO fails to submit complete encounter data, including encounters processed by subcontracted vendors (e.g., pharmacy, non-emergency transportation, vision) as measured by a comparison of encounters to cash disbursements within a five (5) percent error threshold (at least ninety-five (95) percent complete), the plan may be penalized as outlined in Section 20 of the RFP.  17.8.3.3 DHH's current FI accepts HIPAA compliant 837 encounters for Institutional, Professional and Dental. DHH's FI accepts Pharmacy encounters using the NCPDP D.0 format in a batch processing method. The MCO shall be able to transmit			Pending since 1/2015				

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Tracking Number	Contractor Name and Address		Notice of Action Date	MCO Response/ CAP Submission	Compliance Date	Potential Monetary Penalties	Notice of Monetary Penalty	Monetary Penalty Amount	Notice of Retainage Release or Permanent Withhold	Other
ACLA2-02	10000 Perkins Rowe Block G, 4th Floor Baton Rouge, LA 70810	8.4.2. The MCO UM Program policies and procedures shall include service authorization policies and procedures consistent with 42 CFR §438.210, 42 CFR §441 Subpart D, state laws and regulations, Medicaid State Plan and waivers, and the court-ordered requirements of Chisholm v. Kliebert and Wells v. Kliebert for initial and continuing authorization of services that include, but are not limited to, the following:  8.4.2.1. Written policies and procedures for processing requests for initial and continuing authorizations of services, where a service authorization member's request is for the provision of a service if a provider refuses a service or does not request a service in a timely manner;  8.4.2.2. Mechanisms to ensure consistent application of review criteria for authorization decisions and consultation with the requesting provider as appropriate;  8.4.2.3. Requirement that any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested is made by a health care								